



A Rare Presentation of Anaplastic Thyroid Carcinoma: Spontaneous Intrathyroidal Hemorrhage



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- Anaplastic thyroid carcinoma (ATC) is one of the most aggressive and lethal human malignancies. The median survival time following diagnosis is typically six months or less. Spontaneous thyroid haemorrhage may occur following an increase in venous pressure after Valsalva manoeuvre, hemodialysis session along with the use of heparin, trauma and in the patients with hypertension, especially in those with coagulopathy. Intrathyroidal hemorrhage may develop from a previous silent lesion as in the case of an anaplastic thyroid carcinoma.
- A 67-year-old woman presented with dysphagia and dyspnea of 1-month duration and a rapidly enlarging neck mass for the past 3 weeks. She had been suffering from toxic multinodular goiter disease. She was on methimazole 20 mg/day and propranolol 20 mg twice daily treatment for the last month. Physical examination revealed a large, ecchymosed and mildly tender thyroid mass. On neck ultrasonography, thyroid gland was slightly larger than normal with heterogeneous parenchyma and there were multiple, heterogeneous and hypoechoic nodules, the biggest one was being 28x32x35 mm in size in the left thyroid lobe. Neck tomography revealed a 183x68x70 mm sized malignant tumoral lesion of left thyroid lobe, placing trachea anteriorly and to the right side, infiltrating esophagus and retrosternal area and having hemorrhagic component. In addition, 1.5 cm sized multiple necrotic lymph nodes were visible. Laryngoscopic examination demonstrated externally compressed trachea with normal mucosa, the esophagus was also narrowed by external compression on esophagoscopy. Blood coagulation profile was normal. Tru-cut biopsy of left thyroid lobe detected anaplastic carcinoma with rhabdoid giant cell formation. Since emergency surgical operation was not required, the patient was referred to the department of oncology for chemo-radiotherapy.
- In conclusion, although it is rare, anaplastic carcinoma should be considered in the patients presenting with spontaneous intrathyroidal hemorrhage.